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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMISSION

609-734-6440

July 14, 2008

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|------------------------------|----------------|---------------------|------------------------|----------------|--|--|
| Fees pursuant to the Consolidate | Complete if Known | | | | | | | | | |
| | | | | Application Number | | 0/549,407 | | | | |
| FEE TRANSMITTAL | | | | Filing Date Se | | September 14, 2005 | | | | |
| for FY 2007 | | | | First Named Inventor | | lunbiao Zhang, et a | | | | |
| Applicant claims small e | Examiner Name | | hen | | | | | | | |
| | | | | Art Unit | | 1131 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1220 | | | | Attorney Docket No. PU030084 | | PU030084 | | | | |
| METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498 | | | | | | | | | | |
| ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : | | | | | | | | | | |
| Deposit Account Depos | ınt Number: 07 | -0832 | Deposit Account Name: THOMSON LICENSING LLC | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | |
| Charge feet | Charge fee(s) indicated below, except for the filing fee | | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) | | | | | | | | | | |
| Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card | | | | | | | | | | |
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| FEE CALCULATION | | | | | | | | | | |
| 1. BASIC FILING, SEAR | | | | | | | | * | | |
| | ARCH FEES | | EXAMINA | | | | | | | |
| Application Type | Fee (\$) | Small Entiti Fee(\$) | | Small E e(\$) Fee(\$ | | Fee(\$) | mall Entity Fee(\$) | Fees Paid (\$) | | |
| | 310 | 155 | 510 | | ш | 210 | 105 | rees raid (4) | | |
| | 210 | 105 | 100 | | | 130 | 65 | | | |
| | 210 | 105 | 310 | | | 160 | 80 | _ | | |
| | 310 | 155 | 510 | | | 620 | 310 | | | |
| 110-0-0- | 210 | 105 | 310 | | | 0 | 0 | _ | | |
| 2. EXCESS CLAIM FEES | | | | | | | v | Small Entity | | |
| | | | | | | | | Fee (\$) | | |
| Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) | | | | | | | | 25 105 | | |
| Multiple dependent claims | | | | | | | 370 | 185 | | |
| Total Claims | Fee Paid (\$) | ! | | | Dependent Clai | | | | | |
| 20 or HP= x = | | | | | | | Fee (\$) Fee Paid (\$) | | | |
| HP = highest number of tot | | | er than 20. | | | | | | | |
| Indep. Claims | <u>Extra</u> | Claims | Fee(\$) | Fee Paid (\$) | ! | | | | | |
| 3 or HP= | . — | ×. | | | | | | | | |
| HP = highest number of inc | | it claims paid for, | if greater than 3 | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) | | | | | | | | Fee Paid (\$) | | |
| 100 = / 50 = (round up to a whole number) x | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | Fees Paid (\$) | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | \$1220 | | |
| Other (e.g., late filing surcharge): RCE and Additional Claims | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | |
| 000 | | | | | | | Telepho | ne | | |

/Catherine A. Ferguson/

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Name (Print/Type)